VOTE-BY-MAIL BALLOT CURE AFFIDAVIT

I. INSTRUCTIONS – READ CAREFULLY TO HAVE YOUR VOTE-BY-MAIL BALLOT COUN				OTE-BY-MAIL BALLOT COUNTED:	
	Complete and return this form to the Miami-Dade Elections Department <u>no later than 5 p.m. on the day before the election</u> . Use the following as a checklist - you must:				
	☐ Complete the af	aplete the affidavit and sign your name on the line above (Voter's Signature) on the affidavit below.			
	\square Include a copy of <u>one</u> of the following forms of identification (ID):				
	<u>Tier 1: identification</u> - Current and valid identification that includes your name and photograph: Florida driver license; Florida ID card issued by the Department of Highway Safety and Motor Vehicles; United Sates passport; debit or credit card; or military, student, retirement center, neighborhood association, or public assistance ID; Veteran health identification card issued by the United States Department of Veterans Affairs; Florida license to carry a concealed weapon or firearm; or employee identification card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.				
	<u>Tier 2: identification</u> - ID that shows your name and current residence address: current utility bill; bank statement; government check; paycheck; or government document (excluding voter ID card).				
	Provide the completed affidavit <u>and</u> the copy of your ID to the Miami-Dade Elections Department by <u>one</u> of the following means:				
	Mail To:	Miami-Dade Elections Department Vote-by-Mail Section PO Box 521250 Miami, FL 33152-9809 Be sure there is sufficient postage			
	Email:	vbmaffidavits@miamidade.gov Provide documents as attachments	OR	Fax: 305-275-7760 Provide documents as attachments	
II	. AFFIDAVIT				
Ι, _		(Print voter's name)		, am a qualified voter in this election and	
reg	gistered voter of	(2 Time votes 5 manie)	County,	Florida. I do solemnly swear or affirm that	
		(Print name of county)		,	
ele vo im	ection. I understand te more than once in	that if I commit or attempt any fraudan election, I may be convicted of a	in connection felony of the	will not vote more than one ballot in this on with voting, vote a fraudulent ballot, or ne third degree and fined up to \$5,000 and affidavit means that my vote-by-mail ballot	
	FVRS#				
(Vo	oter's Signature)				
(Vo	oter's Address)				

Section 101.68(4), Florida Statutes

VBM Affidavit -NoSignature.doc Rev. 12-08-2017

Form DS-DE 139 (eff. 08-2017) – \overline{NO} SIGNATURE